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CONFIRMATION NO. 7418

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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/850,233 05/07/2001 ABN which is a CIP of 09/575,480 05/19/2000 which claims benefit of 60/204,417 05/12/2000 and said 09/850,233 05/07/2001 claims benefit of 60/262,614 01/18/2001 and claims benefit of 60/263,979 01/25/2001 and claims benefit of 60/263,806 01/24/2001 and claims benefit of 60/262,461 01/18/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

45511

TITLE

Drug/drug delivery systems for the prevention and treatment of vascular disease

FILING FEE RECEIVED 11860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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